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| Under the Paperwork Reduction Act of 1995, no persons are  UTILITY  PATENT APPLICATION  TRANSMITTAL                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                              | e required to respond to a of Attorney Docket No.                                                                                                                                                                                                                                                                                                                                                                     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| ee MPE                                                                                                                                                                                          | APPLICATION ELEMENT P chapter 600 concerning utility patent                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                       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| F (S                                                                                                                                                                                            | The Transmittal Form (e.g., PTO/SB/Submit an original, and a duplicate for Applicant claims small entity status. Specification  Descriptive title of the Invention  Cross References to Related Application  Statement Regarding Fed-Sponsored Reference to sequence listing, a table, listing appendix  Background of the Invention  Brief Summary of the Invention  Brief Detailed Description of the Draw | 17) fee proces See 37 CF [Tota ons &&D or a compu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | sing)<br>FR 1.27.<br>al Pages 45]                           | (if a                                                                            | cleotide capplica a b c ACC                                                 | e and/or Ar ble, all necessity of the computer of the computer of the computer of the company of | puter Programme Acid sessary) or Readabopy (identative rifying APP) ING APPleers (cover | gram (Appendix) d Sequence Submiss le Copy tical to computer cop ng identity of above  LICATION PARTS r sheet & document( | oy)<br>copies<br>s)) |  |
| -                                                                                                                                                                                               | Brief Detailed Description of the Draw Detailed Description Claim(s)                                                                                                                                                                                                                                                                                                                                         | vings                                                                                                                                                                                                                                                                                                                                                                                                                 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| Copies of IDS                                                                                                             | Citation             |  |
| listing appendix  - Background of the Invention  - Brief Summary of the Invention  - Brief Detailed Description of the Drawings  - Detailed Description  - Claim(s)    Drawing(s) (37CFR 1.152) |                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | 13.                                                                              | 13. Preliminary Amendment                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                           |                      |  |
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Return Receipt Postcard (MPEP 503) (Should be specifically itemized)    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                           |                      |  |
|                                                                                                                                                                                                 | i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | 15.                                                                              | 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                           |                      |  |
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Other: Statement Under 37 C.F.R. §1.10                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                           |                      |  |
| . 🗆                                                                                                                                                                                             | Application Data Sheet. See 37 CFR                                                                                                                                                                                                                                                                                                                                                                           | R 1.76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                                  |                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                                           |                      |  |
| Prior CON                                                                                                                                                                                       | CONTINUING APPLICATION, of Continuation Divisional Continuation information: Examine TINUATION or DIVISIONAL APPS of the discloss. The incorporation can only be relied                                                                                                                                                                                                                                      | Conting Conting Conty: The equipment of the same of th | uation-in-pa                                                | rt (CIP) of pure of the pri                                                      | orior ap<br>-<br>or appli<br>on or div                                      | plication N  Group/A  ication, from visional app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No. <u>60/202</u><br>Art Unit:<br>m which a<br>blication a                              | 2,351                                                                                                                     | is supplicated by    |  |
|                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                              | 18. CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ORRESPO                                                     |                                                                                  | DDRE                                                                        | SS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         | Compressed                                                                                                                | wage L-I.            |  |
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Weitz                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                             | Pari                                                                             | -4                                                                          | No. (Attorne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (44)                                                                                    | 38,362                                                                                                                    |                      |  |

comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, I

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re A | Application of:                                                             | )           |                 |                  |
|---------|-----------------------------------------------------------------------------|-------------|-----------------|------------------|
| Lurie,  | et al                                                                       | )           | Group Art Unit: | Not Yet Assigned |
| Applic  | eation No. Not Yet Assigned                                                 | ,<br>)      | Examiner: Not   | Yet Assigned     |
| Filed:  | Herewith (May 3, 2001)                                                      | )           |                 |                  |
| For:    | METHOD FOR DISTRIBUTING,<br>INTEGRATING, AND HOSTING<br>A SOFTWARE PLATFORM | )<br>)<br>) |                 |                  |
|         | STATEMENT U                                                                 | NDER 37 C   | .F.R. 1.10      |                  |
| Comm    | nissioner for Patents                                                       |             |                 |                  |

Commissioner for Patents Box Patent Application Washington, D.C. 20231

Sir:

I hereby certify that the attached patent application is being deposited with sufficient postage with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, Express Mail Label No. <u>EL 682 479 560 US</u>, on <u>May 3, 2001</u>, addressed to Box Patent Application, Commissioner for Patents, Washington, D.C. 20231.

Respectfully submitted,

WILSON SONSINI GOODRICH & ROSATI

By:

David J. Weitz

Registration No. 38,362

650 Page Mill Road Palo Alto, California 94304 (650) 493-9300

May 3, 2001